

**DECLARATION AND  
 POWER OF ATTORNEY  
 FOR UTILITY OR DESIGN  
 PATENT APPLICATION  
 (37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	MS0038Y
First Named Inventor	Cosford, et al.
<i>COMPLETE IF KNOWN</i>	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**4-RING IMIDAZOLE DERIVATIVES AS MODULATORS OF METABOTROPIC GLUTAMATE RECEPTOR-5**

*(Title of the Invention)*

the specification of which

bears the Attorney Docket Number and Title of the Invention noted above

OR

was attached hereto

OR

was filed on (MM/DD/YYYY) [REDACTED]

as United States Application Number or PCT International

Application Number [REDACTED] and was amended on (MM/DD/YYYY) [REDACTED] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

**DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number

Parent Filing Date (MM/DD/YYYY)

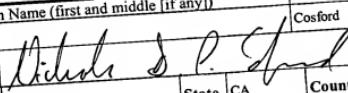
Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  
 As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Customer Number   
 OR  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
David A. Rubin	40,314	David L. Rose	26,332

Direct all correspondence to:  Customer Number

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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Nicholas D. P.	Cosford						
Inventor's Signature			Date				
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City	Rahway						
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
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Residence: City	San Diego	State	CA	Country	US	Citizenship
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City	Rahway	State	NJ	ZIP	07065-0907	
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City	Rahway	State	NJ	ZIP	07065-0907	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
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